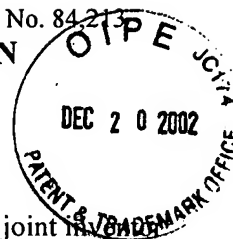


## DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

Navy Case No. 84-213



As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled FIELD BASED SPECTRAL RADIOMETER which (check one) ☐ is attached hereto ☒ as filed on 02/13/02 as United States Application Number or PCT International Application Number 10/073,323 and was amended on \_\_\_\_\_

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations §1.56.

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (list name and registration number), and hereby certify that the Government of the United States has the irrevocable right to prosecute this application:

John L. Forrest, Jr., Reg. No. 29,378; Jacob Shuster, Reg. No. 19,660; Howard Kaiser, Reg. No. 31,381; Mark Homer, Reg. No. 41,848

SEND CORRESPONDENCE TO: Office of Counsel Code OC4  
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Mark Homer  
(301) 744-6668

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

✓ Full name of sole or first inventor: Pat Chavez

Inventor's Signature Pat Chavez

Date 11-13-02

Residence: Flagstaff, AZ

Citizenship: United States of America

Post Office Address: 2255 N. Gemini Dr. Flagstaff, AZ 86001

✓ Full name of second inventor: Stuart C. Sides

Inventor's Signature Stuart C. Sides

Date 11-20-02

Residence: Flagstaff, AZ

Citizenship: United States of America

Post Office Address: 2255 N. Gemini Dr. Flagstaff, AZ 86001



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## REVOCATION OF POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number **10/073,323**  
Filing Date **02/13/02**  
First Named Inventor **Pat Chavez**  
Group Art Unit  
Examiner Name  
Attorney Docket Number

I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application:

☒ A Power of Attorney or Authorization of Agent is submitted herewith.

OR

☐ Please change the correspondence address for the above-identified application to:

☐ Customer Number



Place Customer  
Number Bar Code  
Label here

OR

<input type="checkbox"/> Firm or Individual Name	Pat Chavez				
Address	2255 N. Gemini Dr.				
Address					
City	Flagstaff				
Country	United States	State	AZ	ZIP	86001
Telephone	928-556-7221	Fax			

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

### SIGNATURE of Applicant or Assignee of Record

Name Pat Chavez

Signature

*Pat Chavez*

Date

11-13-02

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☐ \*Total of \_\_\_\_\_ forms are submitted.

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<b>REVOCATION OF POWER OF ATTORNEY OR AUTHORIZATION OF AGENT</b>	Application Number	10/073,323
	Filing Date	02/13/02
	First Named Inventor	Stuart C. Sides
	Group Art Unit	
	Examiner Name	
	Attorney Docket Number	

I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application:

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OR

☐ Please change the correspondence address for the above-identified application to:

☐ Customer Number



Place Customer  
Number Bar Code  
Label here

OR

<input type="checkbox"/> Firm or Individual Name	Stuart C. Sides				
Address	2255 N. Gemini Dr.				
Address					
City	Flagstaff				
Country	United States	State	AZ	ZIP	86001
Telephone	928-556-7453	Fax			

I am the:

☒ Applicant/Inventor.

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Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Name	Stuart C. Sides
Signature	
Date	11-20-02

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

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